Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in JC 5-2-15-3.

Date:	<u>09/10/2010</u>	Address:	916 N Line St	
Case #:	34F36619		Loogootec, IN	
County:	<u>Martin</u>			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
 ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) 		✓ Residence✓ Outbuilding✓ Vehicle	☐ Hotel/Motel☐ Open No Structure☐ Other:	
(check all the Lithium ☐ Red Phe ☐ Flamma ☐ Water F ☐ Anhydr ☐ Hydroc ☐ Corrosi ☐ Corrosi	nd: Location (bedroom, kitchen, open and apply) 1/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Basement Reactive Metal (Lithium): ous Ammonia: hloric Acid Gas Generator(s): Basement ve Acid: Basement ve Base: item and location):	_		
Child under age 18 discovered (check one) Yes (number present) No If yes, fax report to Child Protective Services This report is to be faxed to the following agen		☐ Ephedrin ☐ Retail/Mo ☐ Other: <u>Cri</u>	Investigative Information Depreciation Liphcorrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:Criminal Investigation	
			ocation:	
-	Department: Loogootee Fire Fax: th Department: Martin County Fax:		-	
Health Department; Martin County		Fax:	- -	
Child Prote	ection Service: Martin County			
	information regarding this methamp, ng Officer: David Qualkenbush – Ph		ontact .	

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.